

# MEDICAL BOARD REPORT COVER SHEET

## SECTION A. TO BE COMPLETED BY CONVENING AUTHORITY

1. FROM:     <b>TO: COMMANDER (ADM-1) COAST GUARD PERSONNEL COMMAND 2100 SECOND STREET, S.W. WASHINGTON, DC 20593</b>  VIA:		2. NAME:		
		3. DUTY STATION (Include Address & Phone Number)     While awaiting final action, Member transferred to:   Work #: Home #:		
4. SSN:	5. GRADE/RATE	6. MEMBER STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE (NOE Attached)	7. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. LENGTH OF ACTIVE DUTY SERVICE: YEARS MONTHS
9. CAUSE OF INJURY (N/A for illness)	10. LOD INVESTIGATION (Must be attached to the board)  <input type="checkbox"/> YES <input type="checkbox"/> NO		11. SEPARATION FROM SERVICE PENDING: <input type="checkbox"/> VOLUNTARY SEPARATION OR RETIREMENT-EXPECTED DATE: _____ <input type="checkbox"/> INVOLUNTARY/MANDATORY SEPARATION - EXPECTED DATE: _____	
12. DISCIPLINE PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	13. EXPIRATION OF ENLISTMENT		14. COPY OF RETENTION LETTER ATTACHED IAW CHAPTER 17 PERMAN (Submit original command endorsement directly to OPM-1 or EPM-1 with copy attached to med board.) <input type="checkbox"/> YES <input type="checkbox"/> NO	
15. CONVENING AUTHORITY		RANK	SERVICE	SIGNATURE

## SECTION B. TO BE COMPLETED BY MEDICAL UNIT

16. DATE OF BOARD	EPTE CODES:			
	1. NOT AGGRAVATED BY SERVICE - EPTE	2. AGGRAVATED BY SERVICE - EPTE	3. DNEPTE	
	ICD-9-CM	DIAGNOSIS	EPTE (Origin)	
16a. PRIMARY DIAGNOSIS: <input type="checkbox"/>				
16b. SECOND DIAGNOSIS: <input type="checkbox"/>				
16c. THIRD DIAGNOSIS: <input type="checkbox"/>				
16d. FOURTH DIAGNOSIS: <input type="checkbox"/>				
16e. FIFTH DIAGNOSIS: <input type="checkbox"/>				
16f. SIXTH DIAGNOSIS: <input type="checkbox"/>				
17. REMARKS LIMITED DUTY EXPIRES ON: LIMITATIONS ARE:				
18. ENCLOSURES: <input type="checkbox"/> COMMAND ENDORSEMENT <input type="checkbox"/> NOTICE OF ELIGIBILITY FOR RESERVIST (CG-4671) <input type="checkbox"/> CG-4920 (PATIENT'S STATEMENT OF RIGHTS) <input type="checkbox"/> EXTRACTS FROM HEALTH RECORD <input type="checkbox"/> COPY OF SF-88 & SF-93 MEPS & CAPE MAY <input type="checkbox"/> SIGNED MEMBER'S REBUTTAL <input type="checkbox"/> LINE OF DUTY INVESTIGATION <input type="checkbox"/> COPY OF REQUEST FOR RETENTION LETTER W/COMMAND ENDORSEMENT <input type="checkbox"/> OTHER _____				
19. BOARD MEMBERS		RANK	SERVICE	SIGNATURE
SENIOR MEMBER (Must be a physician)				
MEMBER				
ALTERNATE MEMBER or PSYCHIATRIST				